		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0000984

Facility Name: BARTON W STONE CHRISTIAN HOME

Address: 873 GROVE STREET (Number) JACKSONVILLE (City) 62650 (Zip Code)

County: MORGAN

Telephone Number: (217)479-3400 **Fax #** (217)243-8553

IDPA ID Number: 37-0662538-001

Date of Initial License for Current Owners: 05/12/05

Type of Ownership:

[X]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[X]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: KENNETH MARX, CPA **Telephone Number:** (314)231-5544

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/00 to 12/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) Barbara Hannel
(Title) Administrator

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) KENNETH MARX, C.P.A.
(Firm Name & Address) BAIRD, KURTZ & DOBSON
501 N. BROADWAY, STE 600 ST.LOUIS, MO 63102
(Telephone) (314)231-5544 Fax # (314)231-9731

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 1/1/2000 Ending: ########

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds None

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	30	Skilled (SNF)	30	10,980	1
2		Skilled Pediatric (SNF/PED)			2
3	155	Intermediate (ICF)	155	56,730	3
4		Intermediate/DD			4
5	24	Sheltered Care (SC)	24	8,784	5
6		ICF/DD 16 or Less			6
7	209	TOTALS	209	76,494	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	986	6,782		7,768	8
9	SNF/PED					9
10	ICF	11,239	33,593		44,832	10
11	ICF/DD					11
12	SC		7,008		7,008	12
13	DD 16 OR LESS					13
14	TOTALS	12,225	47,383		59,608	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.93%

D. How many bed-hold days during this year were paid by Public Aid?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 1959

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified and days of care provided

Medicare Intermediary

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 **Report Period Beginning:** 1/1/2000 **Ending:** 12/31/2000

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	A. General Services											
1	Dietary	497,433	22,482	9,993	529,908		529,908		529,908			1
2	Food Purchase		310,239		310,239	(8,374)	301,865	(21,127)	280,738			2
3	Housekeeping	269,921	34,555		304,476		304,476	(15)	304,461			3
4	Laundry	97,582	19,749		117,331		117,331		117,331			4
5	Heat and Other Utilities			234,728	234,728		234,728	(150)	234,578			5
6	Maintenance	177,047	68,411	55,450	300,908		300,908	9,580	310,488			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,041,983	455,436	300,171	1,797,590	(8,374)	1,789,216	(11,712)	1,777,504			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	2,255,808	208,188	3,008	2,467,004		2,467,004	(2,078)	2,464,926			10
10a	Therapy											10a
11	Activities	148,850	1,052		149,902		149,902	(5,990)	143,912			11
12	Social Services	107,149	18,137	3,852	129,138		129,138	(3,113)	126,025			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,511,807	227,377	6,860	2,746,044		2,746,044	(11,181)	2,734,863			16
	C. General Administration											
17	Administrative	72,800		273,387	346,187		346,187	(259,590)	86,597			17
18	Directors Fees											18
19	Professional Services			18,389	18,389		18,389	22,735	41,124			19
20	Dues, Fees, Subscriptions & Promotions			62,045	62,045		62,045	(46,363)	15,682			20
21	Clerical & General Office Expenses	189,728	14,144	50,136	254,008		254,008	144,327	398,335			21
22	Employee Benefits & Payroll Taxes			983,908	983,908	8,374	992,282	(3,112)	989,170			22
23	Inservice Training & Education											23
24	Travel and Seminar			14,768	14,768		14,768	15,268	30,036			24
25	Other Admin. Staff Transportation			7,212	7,212	(4,041)	3,171	(898)	2,273			25
26	Insurance-Prop.Liab.Malpractice			54,914	54,914	4,041	58,955	1,451	60,406			26
27	Other (specify):*							44,428	44,428			27
28	**TOTAL General Administration**	262,528	14,144	1,464,759	1,741,431	8,374	1,749,805	(81,754)	1,668,051			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,816,318	696,957	1,771,790	6,285,065		6,285,065	(104,647)	6,180,418			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME #0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			383,512	383,512		383,512	20,449	403,961			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			244,502	244,502		244,502	(233,032)	11,470			32
33	Real Estate Taxes			1,546	1,546		1,546	(1,546)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			12,800	12,800		12,800	9,261	22,061			35
36	Other (specify):*											36
37	**TOTAL Ownership**			642,360	642,360		642,360	(204,868)	437,492			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,323	1,688	3,011		3,011		3,011			39
40	Barber and Beauty Shops			922	922		922	(922)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			101,566	101,566		101,566		101,566			42
43	Other (specify):*	113,353			113,353		113,353	(94,721)	18,632			43
44	**TOTAL Special Cost Centers**	113,353	1,323	104,176	218,852		218,852	(95,643)	123,209			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,929,671	698,280	2,518,326	7,146,277		7,146,277	(405,158)	6,741,119			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(15,601)	2		4
5	Telephone, TV & Radio in Resident Rooms	(9,582)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(244,502)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(3,112)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(24,270)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(468)	20		28
29	Other-Attach Schedule	(159,420)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (456,955)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule	53,412		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 53,412		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (403,543)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS
BARTON W STONE CHRISTIAN HOME
ID# 0000984
Report Period Beginning: 1/1/2000
Ending: 12/31/2000

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity income	$ (5,990)	11	1
2	Nursing income	(2,078)	10	2
3	Maintenance income	(1,707)	6	3
4	Administrative & general income	(4,766)	17	4
5	Barber & beauty shop expense	(922)	40	5
6	Miscellaneous income	(13,131)	21	6
7	Sundries	(3,113)	12	7
8	Non-allowable seminar expenses	(765)	24	8
9	Developmental vehicle rental	(4,817)	35	9
10	Real estate taxes on non-care buildings	(1,546)	33	10
11	Asa Talcott/Development expenses	(5,526)	2	11
12	Asa Talcott/Development expenses	(2,878)	5	12
13	Asa Talcott/Development expenses	(455)	6	13
14	Asa Talcott/Development expenses	(635)	20	14
15	Asa Talcott/Development expenses	(8,234)	21	15
16	Asa Talcott/Development expenses	(371)	24	16
17	Asa Talcott/Development expenses	(898)	25	17
18	Asa Talcott/Development expenses	(6,867)	30	18
19	Asa Talcott/Development expenses	(94,721)	43	19
20	Housekeeping income	(15)	3	20
21	Advertising	(1,600)	20	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
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85				85
86				86
87				87
88				88
89				89
90	**Total**	(161,035)		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(21,127)	0	0	0	0	0	0	0	0	0	0	(21,127)	2
3	Housekeeping	(15)	0	0	0	0	0	0	0	0	0	0	(15)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(12,460)	12,310	0	0	0	0	0	0	0	0	0	(150)	5
6	Maintenance	(2,162)	11,742	0	0	0	0	0	0	0	0	0	9,580	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(35,764)	24,052	0	0	0	0	0	0	0	0	0	(11,712)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(2,078)	0	0	0	0	0	0	0	0	0	0	(2,078)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(5,990)	0	0	0	0	0	0	0	0	0	0	(5,990)	11
12	Social Services	(3,113)	0	0	0	0	0	0	0	0	0	0	(3,113)	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(11,181)	0	0	0	0	0	0	0	0	0	0	(11,181)	16
	C. General Administration													
17	Administrative	(4,766)	(254,824)	0	0	0	0	0	0	0	0	0	(259,590)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	22,735	0	0	0	0	0	0	0	0	0	22,735	19
20	Fees, Subscriptions & Promotions	(26,973)	(19,390)	0	0	0	0	0	0	0	0	0	(46,363)	20
21	Clerical & General Office Expenses	(21,365)	165,692	0	0	0	0	0	0	0	0	0	144,327	21
22	Employee Benefits & Payroll Taxes	(3,112)	0	0	0	0	0	0	0	0	0	0	(3,112)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,136)	16,404	0	0	0	0	0	0	0	0	0	15,268	24
25	Other Admin. Staff Transportation	(898)	0	0	0	0	0	0	0	0	0	0	(898)	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,451	0	0	0	0	0	0	0	0	1,451	26
27	Other (specify):*	0	0	44,428	0	0	0	0	0	0	0	0	44,428	27
28	**TOTAL General Administration**	(58,250)	(69,383)	45,879	0	0	0	0	0	0	0	0	(81,754)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(105,195)	(45,331)	45,879	0	0	0	0	0	0	0	0	(104,647)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(6,867)	0	27,316	0	0	0	0	0	0	0	0	20,449	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(244,502)	0	11,470	0	0	0	0	0	0	0	0	(233,032)	32
33	Real Estate Taxes	(1,546)	0	0	0	0	0	0	0	0	0	0	(1,546)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(4,817)	0	14,078	0	0	0	0	0	0	0	0	9,261	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(257,732)	0	52,864	0	0	0	0	0	0	0	0	(204,868)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(922)	0	0	0	0	0	0	0	0	0	0	(922)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(94,721)	0	0	0	0	0	0	0	0	0	0	(94,721)	43
44	**TOTAL Special Cost Centers**	(95,643)	0	0	0	0	0	0	0	0	0	0	(95,643)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(458,570)	(45,331)	98,743	0	0	0	0	0	0	0	0	(405,158)	45

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A				National Benevolent Association		Division of Social & Health Services of the Christian Church (Disciples of Christ)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	20	C/O Development Costs	$ 17,000	National Benevolent Association	100.00%	$	$ (17,000)	1
2	V	20	Annual Giving Materials	765	National Benevolent Association	100.00%		(765)	2
3	V	20	Planned Giving Materials	199	National Benevolent Association	100.00%		(199)	3
4	V	20	Special Materials		National Benevolent Association	100.00%			4
5	V	20	Fund Raising Letters	3,549	National Benevolent Association	100.00%		(3,549)	5
6	V	17	Supportive Services	273,387	National Benevolent Association	100.00%		(273,387)	6
7	V	5	Utilities		National Benevolent Association	100.00%	12,310	12,310	7
8	V	6	Repairs & Maintenance		National Benevolent Association	100.00%	11,742	11,742	8
9	V	17	Administrative		National Benevolent Association	100.00%	18,563	18,563	9
10	V	19	Professional Fees		National Benevolent Association	100.00%	22,735	22,735	10
11	V	20	Dues & Subscriptions		National Benevolent Association	100.00%	2,123	2,123	11
12	V	21	Clerical		National Benevolent Association	100.00%	165,692	165,692	12
13	V	24	Seminars		National Benevolent Association	100.00%	16,404	16,404	13
14	Total			$ 294,900			$ 249,569	$ * (45,331)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	26	Insurance	$	National Benevolent Association	100.00%	$ 1,451	$ 1,451	15
16	V	27	Employee Benefits		National Benevolent Association	100.00%	44,428	44,428	16
17	V	30	Depreciation		National Benevolent Association	100.00%	27,316	27,316	17
18	V	32	Interest Expense		National Benevolent Association	100.00%	11,470	11,470	18
19	V	35	Equipment Rental		National Benevolent Association	100.00%	14,078	14,078	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 98,743	$ * 98,743	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: National Benevolent Association
Street Address: 11780 Borman Drive, Suite 200
City / State / Zip Code: St. Louis, MO 63146-4157
Phone Number: (314)993-9000
Fax Number: (314)993-9018

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Direct Cost	151,305,955	28	$ 266,100	$	6,999,434	$ 12,310	1
2	6	Repairs & Maintenance	Direct Cost	151,305,955	28	253,836		6,999,434	11,742	2
3	17	Administrative	Direct Cost	151,305,955	28	401,276	401,276	6,999,434	18,563	3
4	19	Professional Fees	Direct Cost	151,305,955	28	491,462		6,999,434	22,735	4
5	20	Dues & Subscriptions	Direct Cost	151,305,955	28	45,898		6,999,434	2,123	5
6	21	Clerical	Direct Cost	151,305,955	28	3,581,748	3,212,187	6,999,434	165,692	6
7	24	Seminars	Direct Cost	151,305,955	28	354,605		6,999,434	16,404	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 5,394,925	$ 3,613,463		$ 249,569	25

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: National Benevolent Association
Street Address: 11780 Borman Drive, Suite 200
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Fax Number: (314)993-9018

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	26	Insurance	Direct Cost	151,305,955	28	$ 31,362	$	6,999,434	$ 1,451	1
2	27	Employee Benefits	Direct Cost	151,305,955	28	960,388		6,999,434	44,428	2
3	30	Depreciation	Direct Cost	151,305,955	28	590,486		6,999,434	27,316	3
4	32	Interest Expense	Direct Cost	151,305,955	28	247,953		6,999,434	11,470	4
5	35	Equipment Rental	Direct Cost	151,305,955	28	304,325		6,999,434	14,078	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,134,514	$		$ 98,743	25

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 1/1/2000 Ending: 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Bond Interest Expense		X			Var.	$	$ 3,689,836			$ 244,502	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$ 3,689,836			$ 244,502	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$ 3,689,836			$ 244,502	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME **#** 0000984 **Report Period Beginning:** 1/1/2000 **Ending:** 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1995	8
	1996	9
	1997	10
	1998	11
	1999	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 101,421 B. General Construction Type: Exterior Brick Frame N/A Number of Stories 2

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

ASA Talcott House and the Development House are historical structures on the facility grounds.
Special events and tours are held there. All expenses related to these buildings have beeen adjusted out on Schedule VI.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1		325,748		$ 121,684	1
2					2
3	TOTALS	325,748		$ 121,684	3

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 1/1/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	176		1964	1964	$ 367,817	$		$	$	$	4
5			1966	1966	1,498						5
6			1969	1969	2,236						6
7			1970	1970	491,576						7
8			1990	1990	57,659						8
	Improvement Type**										
9	VARIOUS			1970	639,983						9
10	VARIOUS			1971	14,949						10
11	VARIOUS			1973	22,161						11
12	VARIOUS			1976	12,870						12
13	VARIOUS			1977	1,661						13
14	VARIOUS			1975	154,002						14
15	VARIOUS			1991	1,056,337						15
16	VARIOUS			1974	457,060						16
17	VARIOUS			1978	3,656						17
18	VARIOUS			1979	14,306						18
19	VARIOUS			1980	8,268						19
20	VARIOUS			1981	4,577						20
21	VARIOUS			1982	20,064						21
22	VARIOUS			1983	512						22
23	VARIOUS			1984	2,668,941						23
24	VARIOUS			1985	110,535						24
25	VARIOUS			1986	29,302						25
26	VARIOUS			1987	83,683						26
27	VARIOUS			1988	38,037						27
28	VARIOUS			1989	32,575						28
29	VARIOUS			1992	75,906						29
30	HOCKENHULL HEATING SYSTEM			1993	181,603						30
31	HOCKENHULL SHELVING UNITS			1994	24,080						31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 6,575,854	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	33		1998	1998	$ 2,473,810	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	HOCKENHULL DINING ROOM EXPANSION			1995	23,635						9
10	CARPET, FLOOR COVERING, BASE			1996	3,945						10
11	HOCKENHULL COVERING AND RAILS			1996	3,390						11
12	ALARM SYSTEM			1996	32,351						12
13	REDECORATING HOCKENHULL 1 EAST HALL			1996	3,502						13
14	HOCKENHULL I AND II -TILE			1996	3,474						14
15	HOCKENHULL I - WALLPAPER			1996	3,240						15
16	HANDRAILS-YOUNKIN PARKING LOT			1996	3,658						16
17	BOILER/HVAC REPAIRS			1996	14,544						17
18	ELECTRICAL REPAIRS			1996	1,982						18
19	ABESTOS ABATEMENT			1996	1,000						19
20	SHOWER TILE REPAIR			1996	788						20
21	MASONRY-WINDOW/GARAGE/BOILER ROOM			1996	640						21
22	PATCH WALKWAY ROOF BETWEEN HUTTON/YOUNKIN			1996	523						22
23	WATER HEATER REPAIR			1996	748						23
24	DISPOSAL FOR HUTTON KITCHEN			1996	865						24
25	HOCKENHULL WALLPAPER AND CARPET			1997	8,184						25
26	CARPET FOR YOUNKIN			1997	4,239						26
27	WINDOW TREATMENTS-PLEATED SHADES			1997	5,948						27
28	ELEVATOR LOGIC CONTROLS			1997	17,430						28
29	WANDERGUARD-RESIDENT SECURITY SYSTEM			1997	9,998						29
30	HOCKENHULL WATER HEATER			1997	2,770						30
31	TILE REPLACEMENT (HOCKENHULL AND EXAM ROOM)			1997	1,224						31
32	PLUMBING-CONDENSING UNIT IN YOUNKIN			1997	5,530						32
33	SANITIZER			1997	6,319						33
34	COMMUNITY ROOM, ACTIVITY ROOM, PT ROOM			1997	8,791						34
35	YOUNKIN BASEMENT STAIR DOOR			1997	675						35
36	TOTAL (lines 4 thru 35)				$ 2,643,203	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	PARKING AND SITE WORK			1997	44,048						9
10	INSTALLATION OF 2 AUTO DOORS WITH PUSH BUTTONS			1997	4,943						10
11	PARKING LOT LIGHTS, WORK SOUTH AND EAST			1997	50,939						11
12	PLUMBING WORK			1997	12,010						12
13	LANDSCAPING			1997	2,206						13
14	LINE WORK/CABLE RUN/ELECTRIC			1997	3,090						14
15	SIDEWALKS			1997	2,758						15
16	PARKING LOT & SITE WORK			1998	101,675						16
17	ADDITIONAL BUILDING CHANGE ORDER COSTS			1998	153,825						17
18	BOILER/HVAC REPAIRS			1995	1,391						18
19	REROOFING NORTH & EAST			1998	34,646						19
20	BLINDS FOR DINING ROOM			1998	1,650						20
21	FOUNDATION LEAKAGE			1998	7,770						21
22	GENERATOR LOAD PANEL			1998	5,541						22
23	A/C COMPRESSOR			1998	4,594						23
24	ELECTRICAL			1998	4,486						24
25	PLUMBING AND HEATING			1998	18,732						25
26	TREE STUMP REMOVAL			1998	700						26
27	COVE BASE			1998	715						27
28	CARPET - DINING ROOM - HOCKENHULL			1999	8,097						28
29	KITCHEN REMODELING - HOCKENHULL			1999	2,367						29
30	EMERGENCY OUTLETS & LIGHTING -HOCKENHULL			1999	6,104						30
31	REPLACE EMPLOYEE BREAKROOM FLOOR - HOCKENHULL			1999	1,099						31
32	WINDOW COVERING - HUTTON			1999	4,229						32
33	CARPET & COVE BASE -HUTTON			1999	15,818						33
34	SEWER REPAIR - HUTTON			1999	5,314						34
35	CASEWORK REPLACEMENT KITCHEN - HUTTON			1999	7,622						35
36	TOTAL (lines 4 thru 35)				$ 506,369	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	CONSTRUCTION COSTS - 904/906 EDGEWOOD			1999	133,787						9
10	PORTABLE TOILET FOR USE DURING CONSTRUCTION			1999	169						10
11	MISC ITEMS TO FINISH PROJECT			1999	5,050						11
12	FINAL PAYMENT ON CONSTRUCTION COSTS 904/906 EDGEHILL			1999	19,400						12
13	CONSTRUCTION COSTS - 904/906 EDGEWOOD			1999	3,553						13
14	REPAIR TO HEATING SYSTEM AT 104 CHRISTIAN HOME DRIVE			1999	173						14
15	940 EDGEHILL-REPAIR GARAGE DR			1999	150						15
16	117 CHRISTIAN HOME DRIVE CARPET AND BASE BOARD			1999	693						16
17	928 EDGEHILL- REPAIRS TO FURNACE			1999	493						17
18	940 EDGEHILL 105, 103, CHR. HOME DR CONCRETE DR/CARPORT			1999	13,686						18
19	928 EDGEHILL - PERMIT FOR VINYL SIDING			1999	15						19
20	928 EDGEHILL - VINYL SIDING ACCESSORIES FOR INSTALL.			1999	1,666						20
21	864 EDGEHILL - DOWNSPOUTS & GUTTERS			1999	25						21
22	103 CHRISTIAN HOME DRIVE INSTALL NEW COUNTERTOP			1999	403						22
23	RODDED LAVORATORY DRAIN & PUT IN NEW STOPPER-102 CHD			1999	187						23
24	DISPOSAL OF OLD SIDING & INSTALLATION OF NEW SIDING			1999	2,100						24
25	SIDING 932-936 EDGEHILL			1999	3,650						25
26	NEW ROOF 114-116 C H D			1999	3,050						26
27	SMOKERS SHELTER			1999	6,710						27
28	RENOVATION YOUNKIN (LIFE SAFETY, DUCT WORK, DAMPERS)			1999	18,107						28
29	CABINET HARDWARE			1999	113						29
30	CASEWORK REPLACEMENT UTILITY ROOM -YOUNKIN			1999	22,988						30
31	WINDOW PROJ, HOCKENHULL BLDG			2000	15,000						31
32	WINDOW ENLARGEMENT HOCKENHULL PROJ METAL BLINDS			2000	8,159						32
33	ALUMINUM WINDOWS HH BLDG			2000	12,564						33
34	HOCKENHULL - TUCKPNTG, CAULKING, SEALING MASORY/ELE			2000	12,084						34
35	OVER BED-LIGHTS FOR HUTTON BLDG			2000	6,146						35
36	TOTAL (lines 4 thru 35)				$ 290,119	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	DEMOLITION 860 EDGEHILL NEW CONSTRUCTION			2000	7,450						9
10	IST PYMT 860 EDGEHILL CONST NEW DUPLEX			2000	30,000						10
11	EDGEHILL SKIDSTEER COARSE			2000	200						11
12	2ND PAYMENT NEW DUPLEX - 860 EDGEHILL			2000	40,000						12
13	INSTALL DRAIN PIPE 860 EDGEHILL ROAD			2000	1,050						13
14	NEW DUPLEX & NEW SEWER & WATER LINES AT 860 EDGEHILL			2000	33,000						14
15	TREE REMOVAL 860 EDGEHILL			2000	350						15
16	CARPET KTCH & BATH MINIBERBER 940 EDGEHILL			2000	2,232						16
17	ROOF ON 864 EDGEHILL			2000	3,650						17
18	REROOF 102-104 CHRISTIAN HOME			2000	1,650						18
19	SIDING MATERIALS FOR 102-104 CHRISTIAN HOME LANE			2000	1,772						19
20	HARDWOOD FOR BIFOLD DOOR			2000	18						20
21	HOOD RANGE/SUPPLIES TO INSTALL			2000	43						21
22	VINYL THRESHOLD INSERT 103 CHRISTIAN HOME DRIVE			2000	8						22
23	CABINETS FOR BARTON W. STONE			2000	1,372						23
24	CABINETS FOR BARTON W. STONE			2000	1,372						24
25	SHOWER DIVERTER FOR 114 CHRISTIAN HOME DRIVE			2000	7						25
26	SOFFITS, BARTON W. STONE			2000	2,903						26
27	KITCHEN REMODEL - 110 CHR HM D			2000	1,830						27
28	WHITE ALUM AWNIN			2000	138						28
29	RYL LTX SGEXTULTRA QT PAINT			2000	10						29
30	CARPET & VINYL FLOORING 112 CH			2000	2,015						30
31	112 CHRISTIAN HM PLUMBING SUPP , REPAIR WORK			2000	133						31
32	NEW TOILET & INSTALL SUPPLIES 112 CHRISTIAN HOME DR			2000	100						32
33	104 CHRISTIAN HOME DRIVE			2000	12,051						33
34	STENCIL CRAFT 106 CHR HOME DR			2000	196						34
35	TURF CARPETING BOTH PORCHES			2000	232						35
36	TOTAL (lines 4 thru 35)				$ 143,781	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	PLUMBING SUPPLIES, 110 CHR HM			2000	154						9
10	PLUMBING PARTS, 104 CHR HM DR			2000	9						10
11	1-4X8 SHEET REGENCY OAK PANEL 110 CHRISTIAN DR			2000	27						11
12	PAINT FOR 112 CHR HOME DRIVE			2000	108						12
13	VINYL SIDING JOB, 114-116 CHR HOME DRIVE			2000	3,750						13
14	SEAMLESS GUTTER/DOWMSPOUTS			2000	759						14
15	GLUE PANEL PL 200-110 CHR HOME			2000	12						15
16	RESTRETCH CARPET & VINYL FLOOR 116 CHR HOME DR.			2000	484						16
17	CABINETS FOR REMODELING 102, 112, 116 CHR HOME DRIVE			2000	6,198						17
18	PAINT 116 CHRISTIAN HOME DRIVE 2 GALLONS LATEX PAINT			2000	38						18
19	CEILING PAINT/BULB REFLECTORS 116 CHRISTIAN HOME DR			2000	28						19
20	SHOWER HEAD-906 EDGEHILL			2000	15						20
21	PLUMB SUPPLIES-116 CHRISTIAN HOME DRIVE			2000	19						21
22	4 GALLONS PAINT/SUPPLIES, 102 CHR 1 GALLON PAINT			2000	96						22
23	RANGEHOOD CONVERTIBLE - 116 CHRISTIAN HOME DR.			2000	67						23
24	PAINT/SUPPLIES 102 CHR HOME DR 1 & 2 GALLONS LATEX			2000	59						24
25	BULBS, CONTACT PAPER, KNOBS, DOOR CLOSER			2000	70						25
26	REGENCY OAK PANELS 102 CHRISTIAN HOME DRIVE			2000	28						26
27	HOOD RANGE & P TRAP 116 CHRIST HOME DRIVE			2000	58						27
28	DIRECT GLUE CARPET BERBER, VINYL BATH & LAUNDRY			2000	1,591						28
29	GLUE CARPET - 116 CHRISTIAN HOME			2000	1,077						29
30	FLOURSCENT BULB/3 WAY SWITCH			2000	10						30
31	WIREMOLD BOX/90 DEG FLAT			2000	8						31
32	PLUMBING, SHELVING, RECEPTICAL			2000	80						32
33	TOILET SUPPLIES FOR 102 CHRISTIAN HOME DRIVE			2000	5						33
34	TUB DOOR SILVER MIRROR			2000	139						34
35	WEATHERSTRIPPING - 102 CHRISTIAN HOME DRIVE			2000	8						35
36	TOTAL (lines 4 thru 35)				$ 14,897	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	UNDER CABINET FIXTURE 102 CHR HOME DRIVE			2000	14						9
10	GUIDE PIN FOR BIFOLD DOOR 102 CHRISTIAN HOME DR.			2000	2						10
11	PLUMBING SUPPLIES 116 CHRISTIAN HOME DRIVE			2000	10						11
12	COPPER CAPS - 116 CHRISTIAN HOME DRIVE			2000	2						12
13	DRAINAGE & LAWN SEEDING			2000	465						13
14	NEW SIDWALK FOR CHRISTIAN HOME DRIVE			2000	6,847						14
15	TREE REMOVAL EDGEHILL			2000	2,980						15
16	CARPET/BLINDS/CABINETS/ELEVATOR RE-WORKING YOUNK			2000	21,640						16
17				2000							17
18				2000							18
19				2000							19
20				2000							20
21				2000							21
22				2000							22
23				2000							23
24				2000							24
25				2000							25
26				2000							26
27				2000							27
28				2000							28
29				2000							29
30				2000							30
31				2000							31
32				2000							32
33				2000							33
34				2000							34
35				2000							35
36	TOTAL (lines 4 thru 35)				$ 31,960	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	ALLOCATED FROM NBA			1984	299						9
10	ALLOCATED FROM NBA			1985	1,042						10
11	ALLOCATED FROM NBA			1993	21,107						11
12	ALLOCATED FROM NBA			1994	2,347						12
13	ALLOCATED FROM NBA			1995	24						13
14	ALLOCATED FROM NBA			1997	4,510						14
15	ALLOCATED FROM NBA			1998	74,329						15
16	ALLOCATED FROM NBA			1999	70,834						16
17	ALLOCATED FROM NBA			2000	9,750						17
18	ALLOCATED FROM NBA										18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 184,242	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,885,278	$ 387,744	$ 387,744	$		$	37
38	Current Year Purchases	145,485						38
39	Fully Depreciated Assets	22,640						39
40								40
41	TOTALS	$ 2,053,403	$ 387,744	$ 387,744	$		$	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Facility Business	1996 Dodge Truck 1500	1998	$ 13,107	$ 2,621	$ 2,621	$	5	$ 5,641	42
43	Patient Service	95 Ford Windstar Van	1995	27,843	2,320	2,320		5	27,843	43
44	Patient Service	97 Eldorado	1996	51,286	10,257	10,257		5	41,884	44
45	Patient Service	95 Chevy Lumina	1998	5,095	1,019	1,019		5	2,802	45
46	TOTALS			$ 97,331	$ 16,217	$ 16,217	$		$ 78,170	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 12,472,205	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 403,961	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 403,961	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 78,170	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	Various	$ 108,325	$	$ 108,325	52
53	1996 - ASA House Roofing	4,125	413	1,719	53
54	1997 - Ice Maker	1,650	165	619	54
55	1998 - Novate & Repair	6,624	663	1,932	55
56					56
57	TOTALS	$ 120,724	$ 1,241	$ 112,595	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ Description: Copier $7,192.43; Pager$503; Allocated from Home Office 14,078
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

			1	2	3	4
			Facility			
			Drop-outs	Completed	Contract	Total
1	Community College Tuition		$	$	$	$
2	Books and Supplies					
3	Classroom Wages	(a)				
4	Clinical Wages	(b)				
5	In-House Trainer Wages	(c)				
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS		$	$	$	$
10	SUM OF line 9, col. 1 and 2	(e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,688			1,688	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): oxygen	39-2					1,323		1,323	13
14	TOTAL			$		$ 1,688	$ 1,323		$ 3,011	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/00 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 330,212	$	1
2	Cash-Patient Deposits	12,373		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,122,562		3
4	Supply Inventory (priced at)	32,235		4
5	Short-Term Investments	10,193,180		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	176,472		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 11,867,034	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	148,648		13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	10,172,463		15
16	Equipment, at Historical Cost	1,441,603		16
17	Accumulated Depreciation (book methods)	(4,482,977)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	16,507		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,296,244	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 19,163,278	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 57,790	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,373		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	268,544		30
31	Accrued Taxes Payable (excluding real estate taxes)	59,148		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	35,667		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	SEE SUPPLEMENTAL SCHEDULE	920,574		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,354,096	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,690,002		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	SEE SUPPLEMENTAL SCHEDULE	81,904		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 3,771,906	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,126,002	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 14,037,276	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 19,163,278	$	48

***(See instructions.)**

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 13,328,282	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 13,328,282	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	708,994	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 708,994	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 14,037,276	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,471,679	1
2	Discounts and Allowances for all Levels	(444,370)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,027,309	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	33,219	13
14	Non-Patient Meals	15,601	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients	110,345	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	23,947	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 183,112	23
	D. Non-Operating Revenue		
24	Contributions	193,858	24
25	Interest and Other Investment Income***	11,404	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 205,262	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue - See supplemental	1,439,588	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,439,588	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,855,271	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,797,590	31
32	Health Care	2,746,044	32
33	General Administration	1,741,431	33
	B. Capital Expense		
34	Ownership	642,360	34
	C. Ancillary Expense		
35	Special Cost Centers	117,286	35
36	Provider Participation Fee	101,566	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,146,277	40
41	**Income before Income Taxes (line 30 minus line 40)****	708,994	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 708,994	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,824	2,080	$ 45,338	$ 21.80	1
2	Assistant Director of Nursing	6,689	7,033	127,263	18.10	2
3	Registered Nurses	8,454	9,158	134,595	14.70	3
4	Licensed Practical Nurses	45,697	49,703	659,332	13.27	4
5	Nurse Aides & Orderlies	113,646	120,940	1,097,134	9.07	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,970	9,738	112,423	11.54	8
9	Activity Director	1,858	2,114	23,126	10.94	9
10	Activity Assistants	13,232	14,287	102,993	7.21	10
11	Social Service Workers	7,493	8,312	107,149	12.89	11
12	Dietician					12
13	Food Service Supervisor	1,832	2,080	28,701	13.80	13
14	Head Cook					14
15	Cook Helpers/Assistants	45,221	49,697	428,437	8.62	15
16	Dishwashers	4,058	4,483	40,296	8.99	16
17	Maintenance Workers	16,870	18,414	177,047	9.61	17
18	Housekeepers	29,828	32,794	269,921	8.23	18
19	Laundry	10,281	11,261	97,582	8.67	19
20	Administrator	1,864	2,080	75,253	36.18	20
21	Assistant Administrator	1,840	2,080	50,168	24.12	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,513	11,495	137,107	11.93	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,753	6,494	79,724	12.28	31
32	Other Health Care(specify)					32
33	Other(specify)	10,597	11,967	136,085	11.37	33
34	TOTAL (lines 1 - 33)	346,520	376,210	$ 3,929,674 *	$ 10.45	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	292	$ 9,993	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant		1,100	10-3	38
39	Pharmacist Consultant		1,783	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	76	3,852	12-3	45
46	Other(specify)				46
47	Administration	14	12,515	17-3	47
48					48
49	TOTAL (lines 35 - 48)	382	$ 29,243		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Barbara Hannel	Administrator		$ 72,800
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 72,800

B. Administrative - Other

Description	Amount
National Benevolent Association-Management fee	$ 273,387
TOTAL (agree to Schedule V, line 17, col. 3)	$ 273,387
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Pranske & Holderle	Legal	$ 2,874
Ceridian	Payroll service	7,667
BK&D	Medicare consulting	2,000
Mare & Company	Audit	5,250
FR&R	consulting	230
stop payment charge		60
		310
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 18,391

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 154,164
Unemployment Compensation Insurance	6,057
FICA Taxes	292,244
Employee Health Insurance	297,760
Employee Meals	8,374
Illinois Municipal Retirement Fund (IMRF)*	
Group Life Insurance	2,483
Employee Benefits	2,340
Awards & Grants	15,008
Retired Employee Benefits	26,542
Pension	184,198
TOTAL (agree to Schedule V, line 22, col.8)	$ 989,170

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	3,289
Health Care Worker Background Check	
(Indicate # of checks performed)	502
Membership Dues, Fees	8,141
Licenses	35
Subscription/Periodicals	1,432
Allocated from NBA	2,123
Promotional Advertising	48,646
Asa Talcott/Development	(635)
Less: Public Relations Expense	(21,513)
Non-allowable advertising	(24,270)
Yellow page advertising	(468)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,282

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Housing/meals/other	3,607
Seminar Expense	11,161
Seminar Expense Allocated from Home Offic	16,404
Development Exp.	(371)
Non-allowable seminar exp.	(765)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 30,036

**See instructions.

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number BARTON W STONE CHRISTIAN HOME # 0000984 Report Period Beginning: 01/01/00 Ending: 12/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network of Illinois - $7,004**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **83,257** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **101,566**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **8,374** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **8,605**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.